

Chlamydia (CT) and Verified CT Contacts Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings*

Clients may present with the following history:

- penile discharge
- vaginal discharge
- dysuria
- intrameatal itching
- pain or swelling in testicles

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

The STD ERRN or RN must assess, document and verify at least one of the three findings below before implementing treatment for an asymptomatic contact.

Verified Criteria

Recent (within 60 days) exposure or if exposure greater than 60 days before onset of index patient's symptoms, partner(s) of last sexual encounter to Chlamydia:

1. client presents with a state or county issued partner referral card, or
2. client provides name of sexual partner and public health nurse verifies diagnosis of named sexual partner by NC EDSS or by calling the medical provider of named partner (index case), or
3. medical provider or Disease Intervention Specialist (DIS) refers client

Note: A STD screening examination is recommended in all of the above scenarios.

Objective Findings

Clinical documentation:

- Positive laboratory test (i.e. NAAT, culture, direct immunofluorescence, EIA, nucleic acid hybridization or found on Pap smear test) for Chlamydia (*C. trachomatis*)

Plan of Care

Implementation

A registered nurse employed or contracted by the local health department may administer or dispense treatment for Chlamydia by standing order for verified contacts or if one objective positive lab finding has been recorded in the medical record.

- Administer Azithromycin 1 gm PO in a single dose, or
- Dispense Doxycycline 100 mg PO BID X 7 days if client is allergic to Azithromycin and not pregnant, or
- Dispense Amoxicillin 500 mg PO TID X 7 days if client is allergic to Azithromycin and PREGNANT

** Penicillins are no longer a recommended alternative treatment of chlamydia for non-pregnant clients*

Note: If additional alternative treatment is indicated, consult medical provider for a patient specific order.

Nursing Actions

A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:

1. laboratory tests that (s)he received, local health departments may opt to provide Chlamydia NAAT testing to both male and female clients who do not meet the NCSLPH criteria for free NAAT testing
2. instructions for obtaining laboratory test results
3. information about the diagnosis

4. correct condom use, including client-specific counseling and literature about personal risk reduction behavior
- B. Advise the client to :
1. abstain from sexual intercourse for seven days or until completion of a 7-day medication regimen
 2. notify sex partner(s) in order to prevent further spread of disease
 3. provide client with partner referral cards for all recent (within 60 days) sexual partner(s)
 4. if client's last sexual exposure was greater than 60 days before onset of symptoms, refer the most recent sexual partner(s) for examination, testing and treatment
 5. abstain from sexual intercourse with partner(s) until partner(s) completes treatment
 6. inform sex partner(s) they will be examined, tested and treated at the time of their clinic visit
 7. use back-up contraception while on medication and for seven days after completion of medication for female clients who take oral contraceptives
 8. disinfect diaphragm with 70% isopropyl (rubbing) alcohol if this is the client's method of birth control
 9. clean shared sex toys, if applies, and educate client on how to prevent transmission of infections by cleaning or covering shared sex toys in the future
 10. learn the relationship between STDs and the acquisition of HIV
 11. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
- C. Inform the client about the medication administered or dispensed:
- Azithromycin, or
 - Doxycycline, or
 - Amoxicillin (**alternative treatment for pregnant clients ONLY**)
- D. Counsel the client regarding the prescribed medication:
1. inquire and document the type of reactions the client has experienced in the past when taking the ordered medication
 2. if single dose medication is vomited within 2 hours after taking oral medication or the medication is seen in the vomitus, return to the clinic as soon as possible
 3. advise client that (s)he may experience side effects such as nausea, vomiting, cramps, diarrhea or headache
 4. advise female client not to become pregnant while on Doxycycline
 5. reinforce counseling by providing client with the appropriate medication teaching sheet
- E. Additional Instructions
1. return to clinic if symptoms persist, worsen, or re-appear three weeks after treatment
 2. return to clinic if client develops oral temperature $\geq 101^{\circ}$ F.
 3. contact clinic if abdominal pain develops
 4. contact clinic if testicular pain develops
 5. if pregnant, advise repeat CT test for test of cure (TOC) three-four weeks after treatment. Do not retest earlier than three weeks due to chance of false positives
- F. Criteria for Notifying the Medical Provider
1. Contact the medical provider, if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing orders.
 2. **DO NOT ADMINISTER TREATMENT** and consult the medical provider, if any of the following conditions are present on examination:
 - acute abdominal pain or rebound tenderness on exam
 - adnexal tenderness on exam
 - cervical motion tenderness on exam

- sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
 - oral temperature $\geq 101^{\circ}$ F.
 - client has an IUD
 - scrotal pain or swelling
 - suspected treatment failure (indicated by positive follow-up test or persistence of symptoms without possible re-exposure)
3. Contact the medical director or medical provider for possible Expedited Partner Therapy (EPT) or use standing order for EPT, if available in your agency, for heterosexual partners, if it is highly unlikely the partner will come to clinic for examination and treatment. EPT is not recommended for MSM partners.

G. Follow-up requirements:

1. Assure disease reporting occurs via the NC Electronic Disease Surveillance System (NC EDSS) with entry of lab test results and treatment information within 30 days.
2. If male client had discharge on initial clinic visit, tested negative by NAAT for Chlamydia and GC (if performed) and Gram stain showed less than two (2) WBCs without GNID or GND, have client return to clinic for treatment of NGU and report as NGU in NC EDSS
3. Advise all clients positive for Chlamydia to be rescreened three months after treatment due to high reinfection rates.
4. Clients treated for positive Chlamydia test should be rescreened upon any encounter between 3 to 12 months after treatment.

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date : _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)